

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

Noble Judah Ali Bey

10 298

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

WELLS FARGO BANK N.A.

COMPLAINT

Jury Trial: ☒ Yes ☐ No

(check one)

US. BANK NATIONAL ASSOCIATION

PHELAN, HALLINAN & SCHMEIG, LLP.

SHERIFF DEPARTMENT OF
PHILADELPHIA

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff	Name	<u>Noble Judah Ali Bey</u>
	Street Address	<u>% 256 Burmont Road</u>
	County, City	<u>Drexel Hill</u>
	State & Zip Code	<u>Pennsylvania 19026</u>
	Telephone Number	<u>610-818-9617</u>

- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name WELLS FARGO BANK N.A. (CORPORATE OFFICES)
 Street Address 420 MONTGOMERY STREET
 County, City SAN FRANCISCO
 State & Zip Code CALIF. 94104
ATTN: LEGAL DEPT

Defendant No. 2 Name MR. ROBERT ADELE
US BANK NATIONAL ASSOCIATION
 Street Address US BANK PLAZA 200 SOUTH 6TH STREET
 County, City MINNEAPOLIS, MINNESOTA
 State & Zip Code 55402

Defendant No. 3 Name PHELAN, HALLINAN & SCHMEIG, LLP.
 Street Address 1 PENN CENTER PLAZA SUITE 1400
 County, City PHILADELPHIA
 State & Zip Code PENNSYLVANIA 19103

Defendant No. 4 Name JOHN GREEN (SHERIFF'S DEPARTMENT)
 Street Address 100 SOUTH BOARD STREET 5TH FLOOR
 County, City PHILADELPHIA
 State & Zip Code PENNSYLVANIA 19110

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

- A. What is the basis for federal court jurisdiction? (check all that apply)
- ☒ Federal Questions ☐ Diversity of Citizenship

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? HUMAN RIGHT, CONSTITUTIONAL RIGHTS
- _____
- _____

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? IN PHILADELPHIA

B. What date and approximate time did the events giving rise to your claim(s) occur? SINCE OCTOBER 2008

C. Facts: "SEE ATTACHED COMPLAINT"

What
happened
to you?

Who did
what?

Was
anyone
else
involved?

Who else
saw what
happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. _____

N/A

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

220,000,000.00 AGAINST PHELAN, HALLINAN &
SCHMEIG, LLP. AND \$100,000,000.00 AGAINST WELLS
FARGO BANK THEY BOTH HAVE SELF EXECUTING
CONTRACTS, AND BOTH ARE IN DEFAULT

I declare under penalty of perjury that the foregoing is true and correct.

Signed this _____ day of JANUARY, 20 10.

Signature of Plaintiff Noble Judah Ali Bey
Mailing Address 256 Burmont Road
Grevel Hill
Pennsylvania 19026
Telephone Number 610 818 9617
Fax Number (if you have one) _____
E-mail Address judahali@hotmail.com

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20____, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: _____
Inmate Number _____